

GOOD NEWS ABOUT HEALTH COVERAGE!

Now, more children and teens qualify for
free or low-cost medical, dental and vision
care coverage programs!



Interested in more information?
If so, please fill out this form
and return it to your child's school
or call 1-888-747-1222 (toll free).

Healthy kids
make better
students!

☐ Yes, please send me information and an application for health coverage in:

☐ English
☐ Español
☐ Հայերեն

☐ Việt Ngữ
☐ 한국어
☐ ગાજ

☐ Hmoob
☐ Русский язык
☐ فارسی

☐ 中文
☐ བོད་སྐད་

Would you like a trained Healthy Families/Medi-Cal for Families representative to
contact you at the phone number you list below to help you, free of charge, with the
application process?

☐ Yes

☐ No

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PARENT/GUARDIAN'S AREA CODE AND PHONE NUMBER

PARENT/GUARDIAN'S NAME

CHILD'S NAME

STREET ADDRESS/P.O. BOX

CITY

ZIP CODE

COUNTY

SCHOOL NAME

Parent/Guardian's Privacy Notice

The law requires us to tell you what we will do with any personal information you choose to send us on this form. Healthy Families or the Department of Health Services will send you information, or if you want to be contacted, will have a representative use the information to contact you about health coverage. This information will not be used for any other purpose. If you have questions about this form, please call 1-888-747-1222 (toll free).

PARENTS/GUARDIANS
Return this form to your child's school
or call 1-888-747-1222 (toll free) if you want
information or someone to contact you.

SCHOOL STAFF
Please forward this form to your School
Food Services Director or District Health Staff.

**SCHOOL FOOD SERVICES DIRECTOR OR
DISTRICT HEALTH STAFF**

Please mail this form to:
Healthy Families/Medi-Cal
for Families Request
State of California
P.O. Box 2590

Rancho Cordova, CA 95741-2590

www.healthyfamilies.ca.gov

